

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/26/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>151514</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>07/26/2012</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ANGELS OF MERCY HOSPICE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>511 E 4TH ST STE 111</b> <b>HUNTINGBURG, IN 47542</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{L 000}	<p><b>INITIAL COMMENTS</b></p> <p>This was a revisit for the federal recertification and state re-licensure hospice survey completed on 6-13-12, 6-14-12, 6-15-12, and 6-18-12.</p> <p>Facility #: 005816</p> <p>Survey Date: 7-26-12</p> <p>Medicaid Vendor #: 200845180FW</p> <p>Surveyor: Vicki Harmon, RN, PHNS</p> <p>Five conditions of participation and 37 standard level deficiencies were found to be corrected as a result of this survey.</p> <p>Angels of Mercy Hospice was found to be in compliance with Conditions of Participation 42 CFR 418.54 Initial and Comprehensive Assessment of the Patient; 418.56 Interdisciplinary Group, Care Planning and Coordination of Services; 418.100 Organization and Administration of Services; 418.108 Short-term Inpatient Care; and 418.112 Hospices That Provide Hospice Care to Residents of a SNF/NF or ICF/MR.</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 26, 2012</p>			{L 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.